

NUMBER and
DATE

20/552535

APPLICATION NUMBER	FILING DATE	CLASS	SUBCLASS	GROUP ART UNIT	EXAMINER
(FACE)					

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NOTICE OF ALLOWANCE MAILED		Assistant Examiner	CLAIMS ALLOWED	
			Total Claims	Print Claim for O.G.
ISSUE FEE		Primary Examiner	DRAWING	
Amount Due	Date Paid		Sheets Drwg.	Figs.Drwg.
<input type="checkbox"/> TERMINAL DISCLAIMER		PREPARED FOR ISSUE	Application Examiner	
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